



TOWN OF TRURO
P.O. Box 2030, Truro MA 02666
Tel: 508-349-7004 Fax: 508-349-5508

Permit #: _____

Date Issued: _____

Fee Rec'd: _____

Approved : _____

Express Permit

PROJECT INFORMATION

Project type:

☐

Roofing

☐

Siding

☐

Shed

☐

Woodstove

☐

Tent

☐

Windows: U-Value: _____

☐

Doors

☐

Other _____

1. Estimated Construction Cost _____ 2. Property Location _____

3. Owner _____ 4. Phone _____ 5. Zoning _____

6. Lot Description: Map _____ Parcel _____ Lot Area _____ Frontage _____

7. Setbacks: Front _____ Left _____ Right _____ Rear _____

Description of Proposed Work, Materials and Dimensions: _____

Debris Disposal

Debris resulting from this project shall be disposed at _____,
which is a properly licensed solid waste disposal facility as required by MGL, C-111, S 150A.

Authorization Information

Owners Signature: _____ Date: _____

A separate letter from the owner with the above information is acceptable

Contactor/Agent Name: _____ HIC # _____ CSL # _____

Please complete the Massachusetts Workers' Compensation Insurance Affidavit on the back of this application.

Inspections: _____ Foundation _____ Frame _____ Other _____ Final (2/2008)



The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
600 Washington Street
Boston, MA 02111
www.mass.gov/dia

Workers' Compensation Insurance Affidavit: Builders/Contractors/Electricians/Plumbers
Applicant Information **Please Print Legibly**

Name (Business/Organization/Individual): _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- | | |
|---|--|
| 1. <input type="checkbox"/> I am a employer with _____ employees (full and/or part-time).* | 4. <input type="checkbox"/> I am a general contractor and I have hired the sub-contractors listed on the attached sheet. These sub-contractors have employees and have workers' comp. insurance.† |
| 2. <input type="checkbox"/> I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required.] | 5. <input type="checkbox"/> We are a corporation and its officers have exercised their right of exemption per MGL c. 152, §1(4), and we have no employees. [No workers' comp. insurance required.] |
| 3. <input type="checkbox"/> I am a homeowner doing all work myself. [No workers' comp. insurance required.] † | |

Type of project (required):

6. ☐ New construction
7. ☐ Remodeling
8. ☐ Demolition
9. ☐ Building addition
10. ☐ Electrical repairs or additions
11. ☐ Plumbing repairs or additions
12. ☐ Roof repairs
13. ☐ Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

† Homeowners who submit this affidavit indicating they are doing all work and then hire outside contractors must submit a new affidavit indicating such.

‡ Contractors that check this box must attached an additional sheet showing the name of the sub-contractors and state whether or not those entities have employees. If the sub-contractors have employees, they must provide their workers' comp. policy number.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy and job site information.

Insurance Company Name: _____

Policy # or Self-ins. Lic. #: _____ Expiration Date: _____

Job Site Address: _____ City/State/Zip: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone #: _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

1. Board of Health 2. Building Department 3. City/Town Clerk 4. Electrical Inspector 5. Plumbing Inspector
6. Other _____

Contact Person: _____ Phone #: _____